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Embraced in the treatment of these diseases would be included the keeping of records and reporting the case to the local Board of Health. There has been discussion as to whether these are reportable diseases. Syphilis and gonorrhœa should both be reported and some day will be, for exactly the same reason that the other infectious diseases are reported, because society has a right to protection from them. The fact that they are contracted so largely in the commission of acts which are immoral, and also forbidden by law, is not only not a reason for concealing them, but an added reason for exposing them. Syphilis and gonorrhœa are acquired either innocently or in the pursuit of vicious indulgence. If innocently, the reporting should bring no shame; if viciously, the victim is stopped from demanding that measure of sympathy to which the burden of grave disease ordinarily entitles him; and the community has the right—it is its duty—to protect itself against his communicating his malady to others.

While it is absolutely out of our province as physicians to consider for a moment the moral aspects of how a disease is contracted, yet here are diseases of most disastrous consequences to the individual and to society which we must attempt to check by increased facilities for treatment. We do not count the cost for the spread of other contagious diseases, why should these two diseases, which all admit are of prime importance, be absolutely neglected? I do not believe in erecting a special hospital for venereal diseases alone, but there should be special venereal wards as a part of a general hospital.

(To be continued.)

PRIVATE NURSING *

By ANNA REIN, R.N.

Graduate of Indianapolis City Hospital

THE nurse in a hospital, no matter how large, has her work laid out for her and, while she must cover the whole field before she can do one thing well, she still has routine. When the private nurse goes into the home, she must take charge of the whole (hospital, if you please) and must make the best use of materials at hand and improvise many things. If her career has covered only a few years she will have need of all the ingenuity she possesses with the additional amount she

* Read at a meeting of the Indiana State Nurses' Association, South Bend, Ind., April 27, 1911.

acquires when facing *necessity*, which is the mother of invention. As an example, in the country home of only a few rooms a surgical operation is to be performed. The nurse goes a few hours before the surgeon is to arrive and finds the family panic-stricken as we would *all* be in *their* places. She begins to ask questions, even before seeing the patient, and while getting into her uniform and trying to find a nail on which to hang her street suit (perhaps the only one she possesses) inquires as to what she can find to get ready for an abdominal section. The people are appalled at the number of (simple) things asked for, sheets, towels, basins, etc., which prejudice she must overcome in the best and most tactful way possible. There is no iron-clad schedule which may be committed to memory for doing these things.

Then she finds the patient with hair tangled, bed a mass of wrinkled bedding, condition of patient almost anything, apprehensive if conscious, or calm and self-possessed, exercising great self-control. The nurse prepares the patient and during the intervals allowed for rest sees that there is boiled water cooling and more water put on the fire, towels and sheets sterilized and crockery and basins boiled in an improvised (wash boiler) sterilizer,—tables scoured, together with various other things that need to be done. Before she feels that she is ready, the surgeon arrives and the work begins, the nurse very often acting as assistant and roustabout.

When the patient is back in bed, the surgeon leaves and the nurse is left alone with the responsibility. She must watch the patient who may be quiet or very noisy, while she directs the clearing away of all signs of the operation, much of which she must necessarily do herself. The day goes by; if the work was done in the morning, and night comes on, the tired nurse must watch all night. After that the work may be hard or easy as we all know, but the reward comes when she sees the patient, who has, perhaps, been at the very portals of the great beyond, come back and belong to her family once more. Then the nurse soon takes her leave with the good wishes of a grateful family ringing in her ears or with her salary, grudgingly given, in her pocket and no word of thanks.

Next she may be called to a mansion where luxury abounds, but where hearts are sad because a loved one is stricken and, in spite of all that skill and money can do, the grim reaper claims his victim. Then the nurse must be comforter and very often direct the household because the members are panic-stricken.

Next she is sent to a home of poverty and filth (some charity or friends having provided the means). On her arrival she finds a patient

with pneumonia and in spite of the doctor's directions (they are fortunate in having a good one) to have plenty of fresh air, the windows are down tight, and because the patient has complained of being cold and had a chill, he is covered with several heavy comforts and blankets, which have taken on their share of germs from the mouth and hands of the patient.

The nurse must tactfully get the windows open and then the patient will be a great help, because when he finds how much better he can breathe fresh air than foul he will insist on having it so.

The nurse watches anxiously the labored respirations and cyanotic face and wonders how long the doctor's remedies will hold out and assist nature in her battle against the microbes. At last the temperature subsides and the enemy is vanquished but oh, the poor heart is exhausted and the nurse must be ready to carry out the doctor's directions and administer the proper help at the right time. When the heart has come out victorious, then again the sleepless nights and the anxiety are put aside.

Summing up as best I can the qualifications which the nurse in private duty should have, I would say that she must be broad enough to accept the different personalities of patients and more often of families, as well as adjust herself to the different environments so that she may be able to do the most good in the best way even though that way may mean doing many things which are not giving baths and medicines. Sometimes darning and mending the child's clothing mean comfort and contentment to a sick mother, quieting her so that a night's rest is procured for her as well as for the nurse. (It works both ways.)

Ian MacLaren tells of Dr. Weelum MacLure when he met the London surgeon and took him through the swollen streams among the Scottish hills. When starting through one that was particularly deep, the city doctor commanded him to go back, but he forced the surgeon to keep his seat, and even though the water was lapping round his feet, took him through the stream, only taking the precaution to have the instruments lifted out of danger. He so won the respect of the surgeon that the money which was offered him when the operation was successfully performed was refused, and the surgeon's hand grasped the scarred and horny one of "the doctor of the old school," with the words, "We are *proud* to have you in our profession."

The nurse's feet may get wet, but her "implements," cool headedness, recognition of symptoms, emergency tactics and quick action, *never*. They must be lifted above the flood and kept bright and keen.

She must be ready to listen to the stories of wasted and unhappy lives, the sorrows of wives and husbands, parents and children, and sympathize and comfort, putting aside herself and her own interests, that she may be better able to help. The desire to help in the right way may be as broad and unselfish as was an incident which is said to have taken place at one of the famous Mohonk Conferences, when a Catholic priest, who was a fine musician, played one of Luther's hymns, in a Quaker house, the music having been written by a Jew.

INCUBATOR BABIES *

By MARY DABNEY SMITH, R.N.

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THE first notice we have of incubators being used to any extent was in 1897 when they were brought into prominence in England. Owing to the appalling death-rate of infants in England, and in London especially, Messrs. Samuel Schenkein & Martin Coney conceived the idea of show incubators for the Victoria Era Exposition, the idea being to use them in the interest of humanity, as the death-rate from premature babies was markedly increasing. The main features of their incubators (the Altman make, a modification of the *Lion* incubators) was that they claimed they worked automatically, needing no special attention for days at a time, and most remarkable is the assertion that they were so perfectly constructed *that skilled attendance was not required*.

In the following year, 1898, Barnum & Bailey, seeing where they could better themselves financially by having a Baby Incubator exhibit at the London World's Fair, started such a show. For as long as people are interested in such exhibitions and will pay a good admission fee these institutions will flourish. The feeling of the medical profession is against the show incubators, of this there can be no doubt, therefore it behooves them to throw safeguards around such exhibits.

It is only natural for us then to inquire into the advantages that one of these institutions has to offer.

(1) It is financially equipped to give good attention to premature

* Read at a meeting of the Graduate Nurses' Association of Virginia, Richmond, February 2, 1911.